

RHODE ISLAND STATE ASSESSMENT PROGRAM

2016-2017 State-Approved Exemptions from Statewide Assessments: Guidelines & Forms

**PARCC, NECAP Science,
RIAA Science & MSAA Alternate Assessments**

Fall 2016 – Spring 2017

Rhode Island Department of Elementary and Secondary Education (RIDE)

Office of Instruction, Assessment, & Curriculum

Phyllis Lynch, Ph.D., Director

TABLE OF CONTENTS

Page 2 OVERVIEW OF STATE-APPROVED EXEMPTIONS

Page 5 eRIDE: STUDENT INFORMATION NEEDED TO REQUEST EXEMPTION

Page 6 GUIDANCE ON STATE-APPROVED EXEMPTION CRITERIA

Page 9 FORMS FOR REQUESTING STATE-APPROVED EXEMPTION

10 ***Form 1: District Assurances Form***

11 ***Form 2: Parent/Guardian Consent Form***

- *English Version*
- *Spanish Version*
- *Portuguese Version*

14 ***Form 3: Treating Physician/Mental Health Professional Form***

- ***Attachment: Information for the Treating Physician/Mental Health Professional***



Rhode Island Statewide Assessments

State-Approved Exemptions for School Year 2016-2017

ALL Rhode Island public school students—including students with disabilities and students receiving services in-State or out-of-State at outplacement special education facilities—are expected to take part in Rhode Island’s statewide academic assessment program in one of the following ways:

1. Participate in the statewide general assessments *without* accommodation(s);
2. Participate in the statewide general assessments *with* accommodation(s); **or**
3. Participate in Rhode Island’s alternate assessments (MSAA Reading, Writing and Mathematics; RIAA Science), which are both available only for students with an Individualized Education Program (IEP) who meet specific eligibility criteria.

Students identified as English learners (ELs) are exempt from taking the PARCC and MSAA English Language Arts/Literacy assessments if they entered the U.S. **after April 1st 2016** (*after November 1st, 2015 for Fall Block testing*) however, they are *not* exempt from the PARCC Mathematics or MSAA Mathematics or NECAP Science or RIAA Science assessments. Therefore, students who are ELs must take the Mathematics and Science assessments regardless of when they entered the U.S. In addition, students who are ELs must also participate in the ACCESS for ELs[®] test (Rhode Island’s English language proficiency test).

State assessment policies place a great deal of responsibility on districts to include *all* enrolled students. Districts must juggle State and federal requirements, student needs, and other factors. Despite a district’s best efforts, situations will arise that prohibit the inclusion of every student. Extended absence, family vacations, and significant medical and/or emotional issues are but a few of the issues that are not entirely within the district’s control. Students who do not participate in State assessments and who are not eligible for exemption are included as nonparticipants when calculating participation rates for school accountability.

In general, all State-approved exemptions from testing fall primarily within one broad category: Serious Medical Emergency (see definition on page 6 of this document). In all cases, requests for exemption from State assessments must be approved by the Director of Instruction, Assessment, and Curriculum at the Rhode Island Department of Elementary and Secondary Education (RIDE). All exemption request submissions will be acknowledged with an email receipt to the superintendent and notifications will be sent via email once a decision has been made.

PROCEDURES FOR SUBMITTING REQUESTS FOR STATE-APPROVED EXEMPTIONS

All State-approved exemptions are based on *significant* medical or emotional disruptions to the student’s life. Therefore, requests of this nature should be based on a decision made by the student’s “Educational Team,” which can include the student’s teachers, school counselor, principal, parent(s)/legal guardian(s), medical and/or mental health professional(s), and, if possible and deemed appropriate, the student.

Who does what?

1. **The Educational Team** gathers information, consults with appropriate people, documents the team discussion and offers a final recommendation **in writing** to the superintendent regarding whether to request an exemption. Documentation must include the supporting evidence/reasoning used to justify this recommendation.

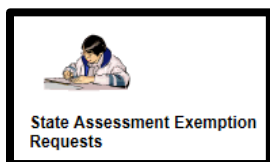
2. **The Educational Team** sends the documented recommendation to the superintendent for final review and action.
3. **The Superintendent** reviews the team recommendation, makes a final decision based on the documented information, and then, if he/she approves of the Educational Team's recommendation, logs into eRIDE and enters the necessary student information to initiate the request for State-approved exemption. The final step for the superintendent includes completing and signing a copy of **Form 1 District Assurances Form** (explained later in this document) and then faxing or emailing a signed copy to the Rhode Island Department of Education (RIDE).
4. **RIDE** reviews the information submitted via eRIDE and also the **Form 1** information submitted via fax or email and then, if needed, contacts the principal or the Superintendent for clarification or other action. RIDE then sends an email with the final decision to the superintendent (or equivalent) for each exemption request submitted.

NOTE: The decision to test or not test a student should **never** depend solely on the outcome of the exemption request to RIDE. If a student **can** be assessed, then he or she **should** be assessed. It is incumbent upon the requesting district to provide RIDE with enough compelling evidence to warrant each State-approved exemption request and justify RIDE's approval of the request.

Logging into eRIDE to Submit and Exemption Request:

1. The Superintendent (or his/her designee) must log into **eRIDE** (https://www.eride.ri.gov/default_secure.asp).

2. After logging in, select the “State Assessment Exemption Requests” database app. (see example below) to begin filling out the electronic request for State-approved exemption.



NOTE: If this app. is not visible once logged into eRIDE, then the Superintendent must contact Mario Goncalves (401-222-8968; Mario.Goncalves@ride.ri.gov) at RIDE to have it added to their account.

Once you successfully access the “State Assessment Exemption Requests” app. you will need to complete the online form to initiate the electronic request for exemption and notify RIDE of your request.

STUDENT INFORMATION NEEDED TO REQUEST EXEMPTION

The following information will be needed to request student exemption from statewide assessment(s).

Student Information:

- State-Assigned Student ID# (SASID)
- Student's full name
- Grade
- Gender
- Date of birth
- Reason for exemption request (e.g., *serious illness or medical emergency*)

Assessment(s) from which exemption is being requested and the student's grade:

- PARCC "Fall Block Schedule" Testing (grades 9-11)
- PARCC English Language Arts/Literacy Assessment (grades 3-9)
- PARCC Mathematics Assessment (grades 3-8)
- PARCC Algebra I Assessment (grades 7-11)
- PARCC Algebra II Assessment (grades 7-11)
- PARCC Geometry Assessment (grades 7-11)
- NECAP Science (grades 4, 8, 11)
- MSAA ELA and Mathematics Alternate Assessment (grades 3-8, and 11)
- RIAA Science (grades 4, 8, 11)

Contact Information:

- School/Facility of Enrollment (If outside of RI, please indicate State where school/facility is located)
- District/Local Education Agency (LEA) of Enrollment
- State-Assigned *District Number* (2-digit number ranging from 01-99)
- Superintendent *Full Name*
- Superintendent *Email* (Email address needed to send notification of approval or denial of request)
- Superintendent *Phone Number*

STEPS TO COMPLETE THE ELECTRONIC REQUEST FOR EXEMPTION VIA ERIDE:

Step 1: Input the student's SASID and click on the "Verify" button (see example below). If you do not receive an error message, then the system will automatically populate the student's gender, name, and data of birth. If you receive an error message, you will need to make the necessary correction(s) to proceed.

Instructions			
To begin, please enter a sasid number below and click the verify button. After the sasid has been verified you may continue to fill out the remainder of the form. Once you've completed, please click the submit button to send your request to RIDE electronically for approval.			
SASID (eg, 100xxxxxx):	<input type="text"/>	<input type="button" value="Verify"/>	Gender: <input type="text" value="v"/>
Student's Name:	<input type="text" value="first name"/>	<input type="text" value="mi"/>	<input type="text" value="last name"/>
			Date of Birth: <input type="text"/>

Step 2: Select the test(s) for which you are requesting exemption along with the grade of the student.

Below, please indicate the assessment(s) and the student's grade during the assessment(s):

PARCC										
<input type="checkbox"/>	Fall Block Schedule Testing	3	4	5	6	7	8	9	10	11
<input type="checkbox"/>	English Language Arts/Literacy	3	4	5	6	7	8	9	10	11
<input type="checkbox"/>	Mathematics (Grades 3-8 only)	3	4	5	6	7	8	9	10	11
<input type="checkbox"/>	Algebra I	3	4	5	6	7	8	9	10	11
<input type="checkbox"/>	Geometry	3	4	5	6	7	8	9	10	11
<input type="checkbox"/>	Algebra II	3	4	5	6	7	8	9	10	11
NECAP										
<input type="checkbox"/>	Science	3	4	5	6	7	8	9	10	11
Alternate Assessments										
<input type="checkbox"/>	MSAA-ELA,Math	3	4	5	6	7	8	9	10	11
<input type="checkbox"/>	RIAA-Science	3	4	5	6	7	8	9	10	11

Step 3: Use the pull-down menu for each option requesting “School and District Contact Information” and then click on the “**Submit**” button to formally submit your request for exemption.

School and District Contact Information: District Contact Information:

District/LEA of Enrollment (if outside RI, select 'other' and indicate State):	Select District/LEA ▼
School/Facility of Enrollment:	Select a District/LEA of Enrollment ▼
Responsible / Sending District:	Select District/LEA ▼
Superintendent (or equivalent) Full Name:	
Superintendent (or equivalent) Email:	
Superintendent (or equivalent) Phone Number:	

Submit

Once the above information—along with the information from the faxed or emailed copy of **Form 1** (see below)—has been submitted for RIDE approval, an email will be sent to the requesting district informing the Superintendent of RIDE’s decision to approve or deny each request for exemption.

Guidance on Requests for Exemption Due to Significant Medical Emergency:

Each year, students with very serious, chronic, and fragile medical or other conditions can and *do* participate successfully in Rhode Island's statewide assessments. However, there are rare and unique situations in which a student is unable to participate in any part of statewide assessments. Such decisions must be made with the greatest care and restraint. The Rhode Island Department of Education's policy is that every eligible student is expected to participate in Rhode Island's statewide assessments unless he/she qualifies for State-approved exemption from testing.

GENERAL RULE: *If the student is able to receive instruction, then he/she is able to participate in State assessments.*

When considering exemption requests, it is important to consider the length of the testing window. In rare instances, a student may be unable to complete or participate in any part of the statewide assessments due to a documented, significant, and incapacitating incident or condition that extends across the entire (or remaining) test window. In order to qualify for state-approved exemption from testing, the incident or condition must be so severe as to prevent the student from participating in instruction offered either at school or at home or other out-placement facility. In some cases, the incident or condition may require a student to be hospitalized or placed in an outplacement facility/specialized treatment center. In cases such as this, the student's condition must be identified and verified in writing by a licensed physician or other licensed/certified professional and this documentation must be kept on file by the local district. Regardless of the circumstances, in order to receive State-approved exemption from testing, the incident or condition must fall under Rhode Island's definition of a *significant medical emergency*.

Significant Medical Emergency:

Rhode Island defines a significant medical emergency as an incident involving a medical condition or injury or a crisis requiring hospitalization, clinical care, or special treatment in response to the incident. Typically, the incident prevents the student from receiving instruction and from participating in assessment for the remainder of the testing window.

Conditions that generally ***DO NOT*** qualify for State-approved exemption:

- ✗ Medical Fragility – All medically fragile students are expected to participate in statewide assessment unless a *significant* and *documented* medical emergency exists *in addition to medical fragility*
- ✗ District-provided home-based or out-placement facility-based educational programs
- ✗ Student pregnancy
- ✗ Students with acute, short-term minor illnesses (e.g., the flu) or injuries
- ✗ Students with broken arms (these students can usually participate with accommodations)
- ✗ Mental health conditions that permit students to receive instruction
- ✗ Students placed in correctional facilities
- ✗ Student or parent refusal to test

The conditions listed above are by no means comprehensive. For questions relating to **NECAP Science or PARCC**, please contact Dr. Kevon Tucker-Seeley in the Office of Instruction, Assessment, and Curriculum to discuss any special cases should they arise. You can contact Dr. Tucker-Seeley via phone: (401) 222-8494 or email: Kevon.Tucker-Seeley@RIDE.RI.Gov. For questions relating to the **alternate assessments**, please contact Heather Heineke at (401) 222-8493 or email: Heather.Heineke@RIDE.RI.Gov

PARCC or NECAP Science:

Students who cannot make up some (or any) PARCC units or NECAP Science sessions *may* qualify for a State-approved exemption. However, in most cases missed test sessions or units can be made up with proper planning. Districts must ensure that all schools have a plan in place to deal with makeup testing sessions or units within the specified testing window. RIDE highly recommends that districts set up their testing schedule *earlier* rather than later in each testing window so that adequate time is available to test students who were unable to test with their peers.

Alternate Assessments:

Students who cannot make up some (or any) part of the **MSAA** tests *may* qualify for a State-approved exemption. Schools must have a plan in place to ensure makeup testing is completed within the specified testing window. RIDE highly recommends that schools set up their testing schedule *earlier* rather than later in each testing window so that adequate time is available to test students.

Makeup testing does not apply to **RIAA Science** because each collection period lasts a minimum of four weeks. RIDE recommends that educators assess their students earlier in each collection period rather than later so that teachers have enough time to finish administering the assessment to students.

When are Exemption Requests due to RIDE for PARCC?

- ✓ **PARCC:** All requests—which must include the student information entered via **eRIDE AND** the completed, signed, and faxed **Form 1**—must be received by RIDE **no later than 3:00 p.m. on the last day of the test window**. Requests submitted to RIDE after this deadline will be neither reviewed nor approved. PARCC test windows are as follows:

ASSESSMENT	Test Window
PARCC Fall “Block Schedule” Testing*	11/30/16 – 1/12/17
PARCC “Regular Administration” Computer-Based Testing	4/3/17 – 5/26/17
PARCC “Regular Administration” Paper-Based Testing	4/3/17 – 5/12/17
PARCC Spring “Block Schedule” Testing*	4/24/17 – 6/5/17

**All Block Schedule testing is Computer-Based*

When are Exemption Requests due to RIDE for NECAP Science?

- ✓ **Spring 2017 NECAP Science Assessment:** All requests—which must include the student information entered via **eRIDE AND** the completed, signed, and faxed **Form 1**—must be received by RIDE **no later than 3:00 p.m. on Friday, May 26, 2017**. Requests submitted to RIDE after this deadline will be neither reviewed nor approved.

When are Exemption Requests due to RIDE for the Alternate Assessments?

- ✓ All requests—which must include both the entered student information via **eRIDE AND** the completed, signed, and faxed **Form 1**—must be received **no later than 3:00 p.m. on May 31, 2017**. Requests submitted to the Department after this deadline will be neither reviewed nor approved.

What Forms must be completed to qualify for exemption?

- ***Form 1*** – After the superintendent logs into eRIDE and enters student information online in the “State-Approved Special Consideration” form, he/she must then:

1. Complete *and* sign a hard copy of ***Form 1***
2. **Fax a copy to RIDE** (retain original with student records). You can also scan and email the completed and signed copy to Kevon.Tucker-Seeley@RIDE.RI.Gov (PARCC, NECAP Science) or Heather.Heineke@RIDE.RI.Gov (MSAA, RIAA Science).

Form 1 is necessary to complete the process of applying for State-approved exemption and to provide documentation that the exemption request was both reviewed by and approved by the district superintendent. **** NOTE TO DISTRICT: A completed and signed *FORM 1* must be sent to RIDE with each request.** RIDE reserves the right to audit districts to ensure compliance with the requirement to retain signed copies of all applicable Forms.

- ***Form 2*** – Have parent/guardian complete and sign a hard copy of ***Form 2*** (available via eRIDE and on the RIDE website). Retain original with student records. Do **NOT** send copy to RIDE.
- ***Form 3*** – Have treating physician/mental health professional complete and sign a copy of ***Form 3*** (available via eRIDE and on the RIDE website). Retain original with student records. Please do **NOT** fax or send copy to RIDE. Please give a copy of ***Form 3 Attachment*** to the treating physician/mental health professional so that he/she has the information needed to make an informed decision (see page 10).

Required Forms for Requesting State-Approved Exemption from Testing:

There are three forms associated with submitting a request for State-approved exemption from testing for an individual student:

1. **Form 1 *District Assurances Form***
2. **Form 2 *Parent/Guardian Consent Form*** (available in English, Spanish, and Portuguese)
3. **Form 3 *Treating Physician/Mental Health Professional Form***

NOTE: All three forms can be found on pages 10-15 of this document.

As a reminder, in addition to submitting an *electronic request via eRIDE* for State-approved exemption from testing, the superintendent (or his/her designee) **must** complete a **Form 1** and send a copy to RIDE for each individual student for whom an exemption is being requested.

RIDE recognizes that there may be rare or unique circumstances in which a Form 2 and/or Form 3 may not be reasonably obtained or obtained in timely manner (e.g. prior to the end of the test window). In cases such as this, we strongly encourage you to contact us as soon as possible if you have questions about whether or not a student's situation meets the definition of serious illness or medical emergency as defined on page 14. As always, if you have questions about the exemption process or requirements or wish to discuss unique circumstances, please contact either Heather or Kevon at RIDE:

For questions relating to **MSAA** or **RIAA Science** exemption requests, please contact:
Heather Heineke (401-222-8493 or Heather.Heineke@ride.ri.gov).

For questions relating to **PARCC** or **NECAP Science** exemption requests, please contact:
Dr. Kevon Tucker-Seeley (401-222-8494 or Kevon.Tucker-Seeley@ride.ri.gov).



STATE-APPROVED EXEMPTION FROM TESTING

Form 1: *DISTRICT ASSURANCES FORM* ***

“Verification of Information Submitted for State-Approved Exemption Request”

District:		Student: <small>(First and Last Name)</small>		SASID: <small>(100xxxxxxx)</small>	
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It is the responsibility of the Superintendent to review in a timely manner all requests for State-approved exemption from testing. The criteria below include the *minimum conditions* that must be met to qualify for exemption from statewide assessment. Upon receipt of a request for exemption, the superintendent must determine if the following conditions have been met and verify accuracy of information. NOTE: *RIDE reserves the right to review district files to ensure compliance with requirement to retain signed copies of applicable Forms.*

Assurances by District:	Yes	No	n/a	If no, then add comment(s):
1. The student was consulted prior to submitting this request.				
2. The student agrees with this request.				
3. The parent(s)/guardian(s) was consulted prior to submission of request.				
4. A parent/guardian signed a copy of <i>Form 2</i> to document their participation in the request for exemption.				
5. A parent/guardian indicated on <i>Form 2</i> that he/she gives permission for district staff to share relevant information about the request for exemption with RIDE.				
6. There is a significant emergency ¹ that prevents this student from receiving <i>instruction</i> during the remaining test window.				<i>Please provide a brief description of the emergency:</i>
7. A treating physician/licensed mental health professional signed <i>Form 3</i> indicating that this student <u>cannot</u> participate in INSTRUCTION , even with accommodations, during the remaining test window.				
8. A treating physician/licensed mental health professional signed <i>Form 3</i> indicating that this student <u>cannot</u> participate in ASSESSMENT , even with accommodations, during the remaining test window.				

I certify that the information contained within this notification is complete and accurate.

Superintendent's Full Name *(please print)*

Superintendent's Signature

____/____/____
Date

*** AFTER SIGNING, SEND A COPY TO RIDE VIA EMAIL (PARCC@RIDE.RI.GOV) OR FAX (401-222-3605)

¹ See page 6 of the “State-Approved Exemptions for Statewide Assessments” document for guidance.



STATE-APPROVED EXEMPTION FROM TESTING

Form 2: PARENT/GUARDIAN CONSENT FORM

(Note to District: Do NOT send Form 2 to RIDE. Please retain with student record)

Student's Full Name:
(please print)

I have consulted with the school or district regarding the request to exempt my child from the _____ assessment(s)
[please indicate the specific test(s) for which exemption is being requested]

I understand that this means I will have no statewide assessment data (or only partial data depending on circumstances) for my child for the exempted assessment(s). By signing this request, I acknowledge that:

I **WAS** (or) **WAS NOT** (circle one) involved in the decision for the district to seek an exemption for my child from the statewide assessment.

and

I **DO** (or) **DO NOT** (circle one) give permission for the school of district to discuss the reason for the request with Dr. Phyllis Lynch, Director of Instruction, Assessment and Curriculum at the Rhode Island Department of Education.

Parent/Guardian Full Name (please print)

Parent/Guardian Signature

____/____/____
Date



CONSIDERACIONES ESPECIALES APROBADAS POR EL ESTADO

FORMULARIO 2: FORMULARIO DE CONSENTIMIENTO DE LOS PADRES/ TUTOR

(Nota al Distrito: **no** enviar el Formulario 2 a RIDE. Por favor retener en el registro del estudiante)

Nombre completo del alumno:
(en letra de imprenta)

He consultado al distrito escolar con respecto a la solicitud de exceptuar a mi hijo de la/s evaluación/es _____

[por favor indique el/los examen/es específico/s por el/los cual/es solicita la exención]

Comprendo que esto significa que no tendré datos de la evaluación a nivel estatal (o sólo datos parciales, según las circunstancias) con respecto a mi hijo sobre las evaluaciones exceptuadas. Al firmar esta solicitud, reconozco que:

Yo **PARTICIPÉ** (o) **NO PARTICIPÉ** (marcar una opción) en la decisión para que el distrito **conceda una excepción** a mi hijo de la evaluación a nivel estatal por razones médicas u otras circunstancias atenuantes.

y

Yo **AUTORIZO** (o) **NO AUTORIZO** (marcar una opción) al **distrito a analizar el motivo que fundamenta la solicitud** con Phyllis Lynch, Director de Instrucción, Evaluación y Prograr del Departamento de Educación de Rhode Island.

Nombre completo del padre/ madre/ tutor (en letra de imprenta)

Firma del padre/ madre/ tutor

____/____/____
Fecha



CONSIDERAÇÃO ESPECIAL APROVADA PELO ESTADO

FORMULÁRIO 2: FORMULÁRIO DE CONSENTIMENTO DOS PAIS/GUARDIÃES

(Obs. Ao Distrito: **Não** envie o Formulário 2 ao RIDE. Mantenha com o arquivo do aluno)

Nome completo do aluno:

(Em letra de forma)

Entrei em contato com o distrito escolar a respeito da requisição para isentar meu/minha filho(a) da(s) avaliação(ões) _____.

[Indique o(s) teste(s) específico(s) para o(s) qual(is) está solicitando isenção]

Entendo que não terei nenhum dado da avaliação estadual (ou apenas alguns dados dependendo das circunstâncias) sobre meu/minha filho(a). Ao assinar esta requisição, entendo que:

Eu FUI (ou) NÃO FUI (circule um) envolvido(a) na decisão do distrito de **obter uma isenção** para meu/minha filho(a) não participar da avaliação estadual devido a motivos médicos ou outras circunstâncias extenuantes.

e

Eu DOU (ou) NÃO DOU (circule um) **permissão para que o distrito discuta o motivo da requisição** com Plyllis Lynch, Diretora da Instruction, Assessment and Curriculum do Rhode Island Department of Education (Departamento de Educação de Rhode Island).

Nome completo do Pai/Guardião (Imprimir)

Assinatura do Pai/Guardião

Data



STATE-APPROVED EXEMPTION FROM TESTING

Form 3: *TREATING PHYSICIAN/MENTAL HEALTH PROFESSIONAL FORM* (page 1 of 2)

“Request for Exemption due to Significant Medical Emergency”

Note to District: Give Form 3 (with Attachment) to the treating physician/mental health professional. Do not send completed Form 3 to RIDE. Please retain completed Form 3 with student records.

Student Full Name:
(please print)

As the treating physician or mental health professional, you are in a position to advise the parents and educational team regarding a request for exemption from statewide assessment due to significant medical emergency² for the student listed below. It is the purpose of this document to inform the context of the advice you provide in response to this request. It is the responsibility of the Local Education Agency/District to review in a timely manner all requests for exemption that would permit a student to be exempted from statewide assessment. The criteria below include the minimum conditions that must be addressed in order for the RI Department of Education to grant a student an exemption from testing.

TREATING PHYSICIAN’S/MENTAL HEALTH PROFESSIONAL’S ASSURANCES		Please mark appropriate response for each assurance and initial		
		Yes	No	Initials
1	This student is experiencing a significant medical emergency . ²			
2	This student cannot participate in INSTRUCTION—regardless of setting (e.g. school, home, hospital)—even with accommodations, during the remaining test window.			
3	This student cannot participate in ASSESSMENT , even with accommodations, during the remaining test window.			

Signature of Treating Physician/Mental Health Professional

____/____/____
Date

² Rhode Island defines a significant medical emergency as an incident involving a medical condition or injury or a crisis requiring *hospitalization or clinical care or special treatment* in response to the incident. Typically, the incident prevents the student from receiving instruction and from participating in assessment for the remainder of the testing window.



STATE-APPROVED EXEMPTION FROM TESTING

Form 3 Attachment: *Information for the Treating Physician / Mental Health Professional*

“Request for Exemption due to Serious Illness or Medical Emergency”

Each year, students with very serious, chronic, and fragile medical or other conditions can and do participate successfully in Rhode Island’s statewide assessments (e.g., PARCC and MSAA). However, there are rare and unique situations in which a student is unable to participate in any part of statewide assessments. Such decisions must be made with the greatest care and restraint. The Rhode Island Department of Education’s policy is that every eligible student is expected to participate in Rhode Island’s statewide assessments unless he/she qualifies for exemption from testing.

GENERAL RULE: *If the student is able to receive instruction, then he/she is able to participate in State assessments.*

Significant Medical Emergency:

Rhode Island defines a significant medical emergency as an incident involving a medical condition or injury or a crisis requiring hospitalization, clinical care, or special treatment in response to the incident. Typically, the incident prevents the student from receiving instruction and from participating in assessment for the remainder of the testing window.

In rare instances, a student may be unable to complete or participate in any part of the statewide assessments due to a documented, significant, and incapacitating emergency *that extends across the entire (or remaining) test window. In order to qualify for State-approved exemption from testing, the incident or condition must be so severe as to prevent the student from participating in instruction offered either at school or at home or other outplacement facility.* In some cases, the emergency may require a student to be hospitalized or placed in an outplacement facility/specialized treatment center. In cases such as this, the student’s condition must be identified and verified in writing by a licensed physician or other licensed/certified professional and this documentation must be kept on file by the local district.

Conditions that generally DO NOT qualify for exemption:

- ✗ *Medical fragility* – All medically fragile students are expected to participate in statewide assessment unless a significant and documented medical emergency exists *in addition to medical fragility*
- ✗ District-provided home-based educational programs (student remains enrolled in district)
- ✗ Pregnancy
- ✗ Students with acute, short-term illnesses or minor injuries
- ✗ Students placed in correctional facilities
- ✗ Students receiving educational services at an outplacement facility
- ✗ Student or parent refusal to test
- ✗ Mental health conditions that permit students to receive instruction